

Work Order ID 105605

Thursday, August 08, 2013 2:33:02 PM

105605

Page 1

Item ID: D3689-1

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: SLEEVE

Start Date: 8/8/2013 Start Qty: 40.00

40

Cust Item ID:

Required Date: 8/22/2013 Req'd Qty: 40.00

40

Customer:

Reference:

Approvals: Process Plan: *MLJ*

Date: *13-08-08* Tooling:

Date:

Run Start ***NR1***

QC:

Date: SPC (Y/N):

Date:

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3689	Rev B								
100	DOOSAN LATHE	0.00							
100									
Doosan	Memo	0.00							
Doosan Lathe	1- Turn as per Folio FA722 Rev: <i>N/A</i> & Dwg D3689 Rev: <i>B</i> 2-CHECK THREAD WITH GO-NO GO GAUGE DT9450 A & B 3-Deburr per dwg D3689								
110	QC2- Inspect parts off machine FA/FAIB	0.00							
110									
QC	Memo	0.00							
Quality Control									
120	CONVENTIONAL MILLING MACHINE	0.00							
120									
Mill Conv	Memo	0.00							
Conventional Milling Machine	C'sink .188" holes as per dwg D3689								

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
---	---	---

<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Page 2

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N900040100

Setup Start

NS1

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Stop

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Required Date: 8/22/2013 Req'd Qty: 40.00

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Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

QC2- Inspect parts off machine FAI/FAIB

0.00

130

QC

Memo

0.00

Quality Control

140

QC8- Inspect parts - second check

0.00

140

QC

Memo

0.00

Quality Control

100% CHECK. CHECK ALL DIMENSIONS AND THREAD FIT

150

PURCHASING

0.00

150

Purchasing

Memo

0.00

Purchasing

Issue P/O: 21219
LPI Per ASTM 1417 LEVEL 2
Certificate of conformaty is required

0213109106 (44)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

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Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Skid-tube <input type="checkbox"/></td> <td style="width: 25%;">Crosstube <input type="checkbox"/></td> <td style="width: 25%;">Water Jet <input type="checkbox"/></td> <td style="width: 25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

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Page 3

Item ID: D3689-1

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: SLEEVE

Start Date: 8/8/2013 Start Qty: 40.00

40

Cust Item ID:

Required Date: 8/22/2013 Req'd Qty: 40.00

40

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID Tool # Plan Code Accept Qty Reject Qty Reject Number Insp. Stamp

160

Receive & Inspect for Damage & Mat'l Certs

0.00

160

Packaging

Memo

0.00

Packaging

Ensure certificate of conformity is attached

8/3/9 *(Signature)*

170

QC5- Inspect part completeness to step on W/O

0.00

170

QC

Memo

0.00

Quality Control

Shm
139.9

44
can

180

Identify as per dwg & Stock Location: 5T224

0.00

180

Packaging

Memo

0.00

Packaging

44X *28* *13-09-10*

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Work Order ID 105605

Thursday, August 08, 2013 2:33:02 PM

105605

Page 4

Item ID: D3689-1

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: SLEEVE

Start Date: 8/8/2013 Start Qty: 40.00

40

Cust Item ID:

Required Date: 8/22/2013 Req'd Qty: 40.00

40

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
---------	--------	--------------	---------------	---------------	------------------	----------------

190

QC21- Final Inspection - Work Order Release

0.00

190

QC

Memo

0.00

Quality Control

13/9/11 J

AB-09-11

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Picklist Print

Thursday, August 08, 2013 2:33:05 PM

Page 1

Work Order ID: 105605

105605

Parent Item: D3689-1

D3689-1

Parent Item Name: SLEEVE

Start Date: 8/8/2013

Required Date: 8/22/2013

Start Qty: 40.00

Required Qty: 40.00

Comments: IPP Rev:A New Issue 08-02-11 JLM Verified By:EC
IPP Rev:B Material Change 09-01-07 JLM Verified By:EC
IPP Rev:C Add note on material cutting JLM Verified By:JM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

M174PH-H900R1.375

Purchased

No

100

f

72.1927

0.5

21.05263

M174PH-H900R1 375

17-4 SS H900 ROUND BAR 1.375

**

SL/B-A

13/08/20

Location

MAT030

111123

121280

121918 ✓

123446

Loc Qty

72.1927

12.7507

28.108

15.5

15.834

Loc Code

15.500 ft

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

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Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY


Landing Gear	General	Other
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<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other



DART AEROSPACE LTD		Work Order: 105605
Description: Sleeve		Part Number: D3689-1
Inspection Dwg: D3689	Rev: B	Page 1 of 1

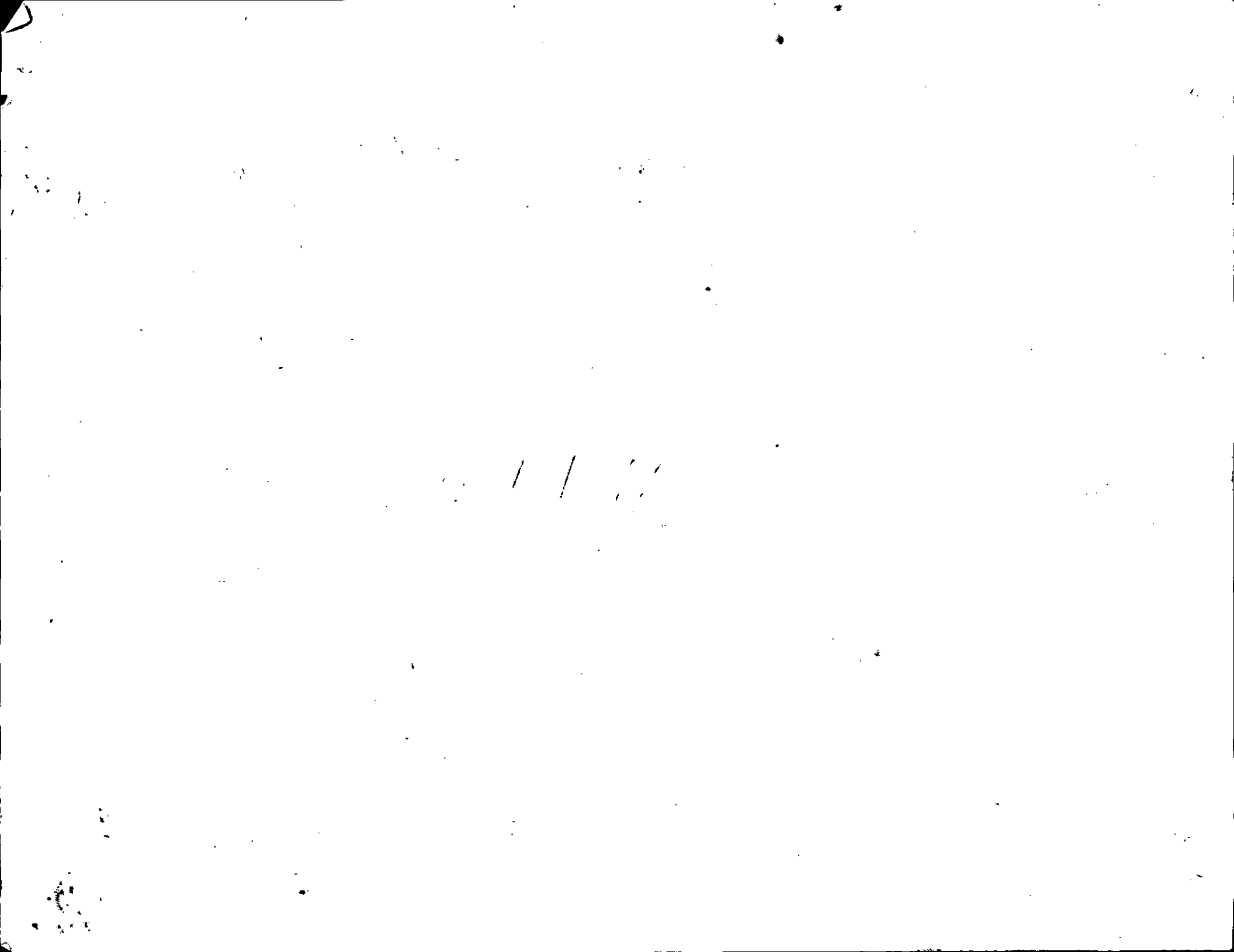
FIRST ARTICLE INSPECTION CHECKLIST

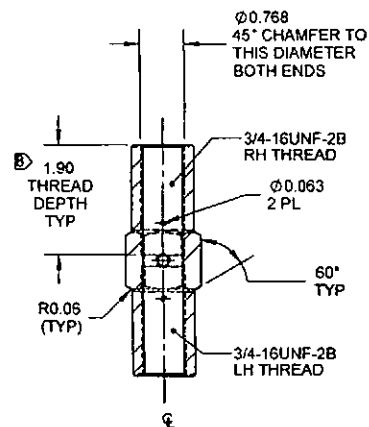
☒ First Article ☐ Prototype

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
1.90	+/-0.030	1.90	/			
Ø0.768	+/-0.010	.768	/			
Ø0.063	+0.005/-0.001	.063	/			
R0.06	+/-0.030	R.07	/			
3/4-16UNF-2B	N/A	3/4-16 UNF-2B	/			
0.035 x 45°	+/-0.010 x 0.5°	0.038 x 45°	/			
1.5	+/-0.030	1.5	/			
1.35	+/-0.030	1.35	/			
Ø0.188	+0.005/-0.001	.188	/			
90°	0.5°	90°	/			
Ø0.250	+/-0.010	Ø0.250	/			
Ø1.075	+0.000/-0.015	1.069	/			
1.13	+/-0.030	1.132	/			
4.00	+/-0.030	4.000	✓			

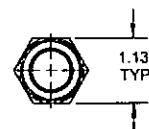
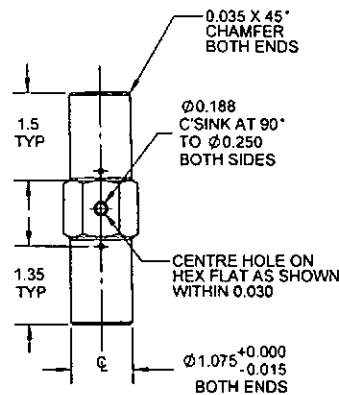
Measured by: 	Audited by: TAP	Prototype Approval:	N/A
Date: 13-8-14	Date: 13-8-30	Date:	N/A

Rev	Date	Change	Revised by	Approved
A	09.05.11	New Issue	KJ 	

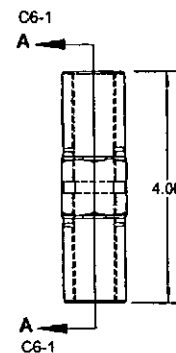




SECTION A-A
D3-1



D3689-1 SLEEVE



105605 MJS
13-08-08

RELEASED
08/12/15

- NOTES:
- 1) MATERIAL: 17-4PH STAINLESS STEEL ROUND BAR PER AMS 5643 H-900 CONDITION
 - 2) FINISH: NONE
 - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
 - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
 - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
 - 6) IDENTIFICATION: NONE
 - 7) WEIGHT: 0.67 lb
 - 8) DIMENSION SHOWN IS MINIMUM DEPTH OF FULL THREAD
 - 9) LPI PER ASTM 1417 LEVEL 2

B	CHANGE TO 17-4PH H-900 (ZN AS-1); REFORMATTED TO CURRENT DWG STANDARDS	RF	08.11.24
A	NEW ISSUE	RF	08.05.22
REV.		BY	DATE
DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	RF	DRAWING NO.	REV. B
MFG. APPR.	RF	D3689	SHEET 1 OF 1
APPROVED	RF	TITLE	SCALE
DE APPR.	RF	SLEEVE	NTS
DATE	08.11.24	COPYRIGHT © 2008 BY DART AEROSPACE LTD "THIS DOCUMENT IS REPRODUCED FROM THE COMPANY'S RECORDS AND IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR REPRODUCED IN ANY MANNER WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD."	



RAPPORT D'INSPECTION PAR RESSUAGE

P-11902

PAGE 1 DE 1

CLIENT: Dart Aerospace
ATTENTION: Chtentale, Kinde, Andy
ADRESSE: 1270 Aberdeen
Hawkesbury, on
PROJET: Pt-wet Fluorescent L.P.I
ITEM(S) EXAMINÉ: -see Below

DATE: Sept 5 2013
N° TRAVAIL: 188-13-C0334
N° CLIENT POWO: 01019 S.M.B.
SITE DE TRAVAIL: As Address
ACCEPTATION STD: ASTM 1417/ASIASR DATE/RÉV: 2005

DESCRIPTION DES TRAVAUX: N° PROCÉDURE: LT-002 DATE/RÉV: 2009 N° TECHNIQUE: LT-002 DATE/RÉV: 2009

N° ITEMS: MATÉRIEL: C/S, 5/5 ALU ÉPAISSEUR: -
DESCRIPTION: Performed a wet flow L.P.I on 100% of the external surface only on items mentioned below

DÉTAILS DES INSPECTIONS

MÉTHODE: ☒ FLUORESCENT ☐ VISIBLE ☒ LAVABLE À L'EAU ☐ MÉTHODE DISSOLVANT ☐ PRÉ-ÉMULSIONNANT
MARQUE: Magnas Flux LUM. NOIRE S/N: B790 ☐ PUISS. > 1000 µ W/CM² ☐ AMBIANT < 2 fc
PÉNÉTRANT: ZL-67 TEMPS PÉNÉTRATION MIN: 15 MIN. ÉQUIP. LUMIÈRE ☐ LAMP. POCHE ☐ LAMP. CULASSE ☐ PUISS. > 100 fc @ SURFACE
DISSOLVANT PÉNÉTRANT: H2O TEMPS SÉCHAGE MIN: > 10 MIN. AUTRES:
RÉVÉLATEUR: ZP-9F TEMPS PÉNÉTRATION MIN: 30 MIN. MÈTRE LUM. N/S: 1098866 DATE CAL DUE: oct 2013
TYPE RÉVÉLATEUR: ☒ NON AQUEUX ☐ AQUEUX ☐ SEC

SURFACE INSPECTÉE

CONDITION SURFACE: ☐ MEULÉE ☐ SOUDÉE ☒ MACHINÉE ☐ GRENAILLÉE ☒ MÉTAL PROPRE
TEMPÉRATURE SURFACE: ☐ < -4°C/20°F ☐ -4°C/20°F DE 10°C/50°F ☒ 10°C/50°F DE 52°C/125°F ☐ > 52°C/125°F

RÉSULTATS- (☐ MÉTRIQUE ☐ IMPÉRIAL)

COMMENTAIRES	ACCEPTÉ	REJETÉ	
1. crashtube Inst, High API w.o ID 95006	✓		Item ID D350-748-201 * Indications
2. crashtube Inst, High Fwd w.o ID 95040	✓		Item ID D350-748-101 * Indications
3. crashtube Inst, High Fwd w.o ID 95044	✓		Item ID D350-748-101 * Indications
4. crashtube Inst, High Fwd w.o ID 98755	✓		Item ID D350-748-101 * Indications
5. crashtube Inst, High Fwd w.o ID 99678	✓		Item ID D350-748-101 * Indications
6. After crashtube w.o ID 104971	✓		Item ID D350-748-201 * Indications
7. 4x Rappel w.o ID 104311	✓		Item ID 03011-1
8. 44x Sleeve w.o ID 105605	✓		Item ID D3689-1

No Relevant Indication was detected as per applicable standard at the time of inspection on Item 7 = 4x Rappel & Item 8 = 44x sleeve.

Étendue des Services

L'entente selon laquelle le Groupe Acuren Inc. exécute les services ne concerne que les énoncés par écrit. En aucune circonstance ces services ne s'étendent au-delà de l'exécution des services demandés. Il est entendu que toutes les descriptions, les observations et les expressions d'opinions faites par Acuren reflètent les opinions ou les observations de l'entreprise fondées sur l'information et les hypothèses fournies par le propriétaire/opérateur, et elles ne constituent pas des déclarations ou des garanties ou ne peuvent être interprétées comme constituant. Le Groupe Acuren Inc. n'assume aucune des responsabilités du propriétaire/opérateur, et le propriétaire/opérateur conserve la responsabilité entière des décisions prises en matière d'ingénierie, de fabrication, de réparation et d'usage à partir de l'information ou des données fournies par Acuren en rapport avec les services décrits dans les présentes ne peuvent excéder le coût de services rendus.

Norme de Diligence

Dans l'exécution des services, le Groupe Acuren Inc. applique le degré de diligence, le soin et la compétence normalement exercés dans des circonstances semblables par d'autres fournisseurs de ce type de services opérant dans la même localité ou dans une localité similaire. Aucune autre garantie, implicite ou explicite, n'est faite ou voulue par le Groupe Acuren Inc.

SIGNATURES

REPRÉSENTANT: Andy Sheldon MOULÉ: [Signature] SIGNATURE: [Signature] FTJ# E-07921

TECHNICIEN (SIGNATURE): [Signature] RAPPORT RÉVISÉ PAR:

NOM (MOULÉ): Alexandre Michaud 1^{er} TECHNICIEN 2^{ème} TECHNICIEN

ONGC NIVEAU: 2 SNT NIVEAU: 2 ONGC NIVEAU: SNT NIVEAU:

ONGC N° REG: 10148 ONGC N° REG:

H-304

BLANCHE - COPIE DU CLIENT

JAUNE - COPIE DU BUREAU

ROSE - COPIE DU TECHNICIEN

OR - COPIE DU BUREAU

PT Décembre 2005

